Disease Management on a Shoestring:

"Do it the easy, cheap way."

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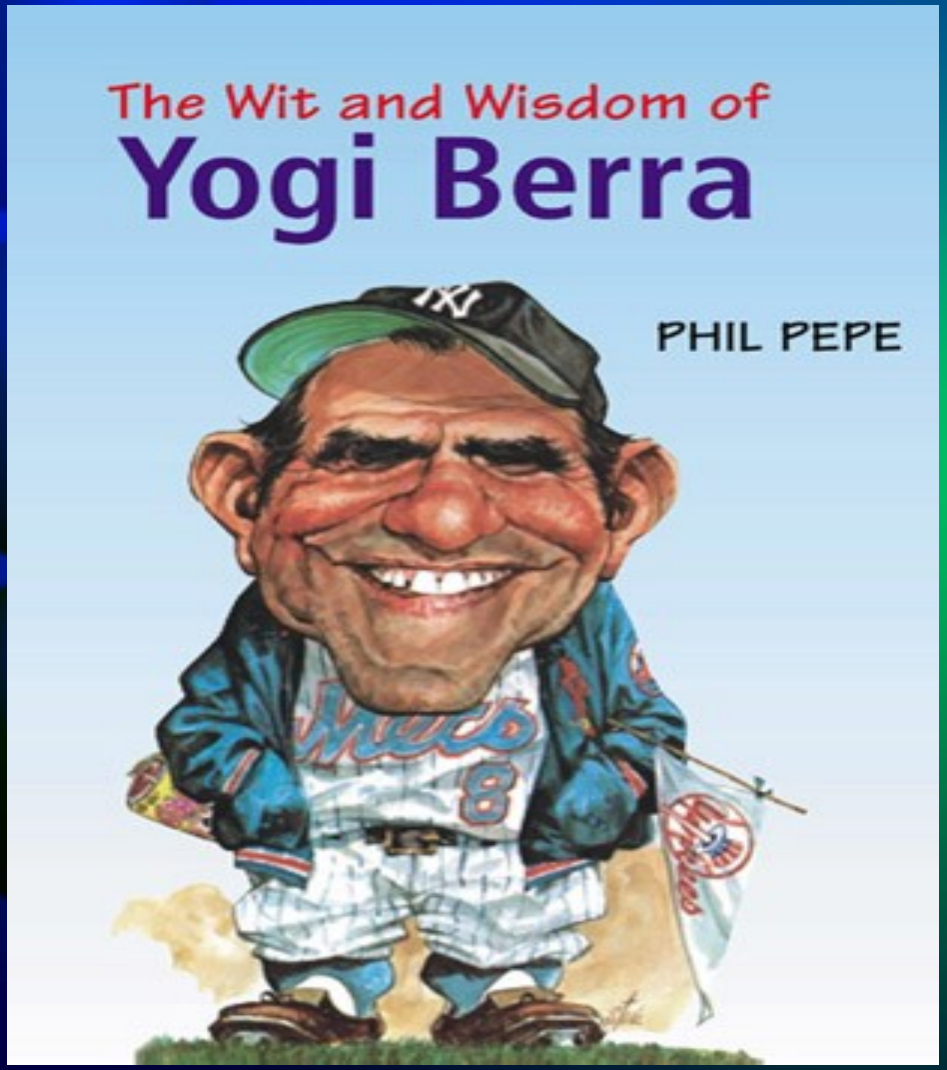
February 2006

Our Disease Management Implementation Guiding Principle

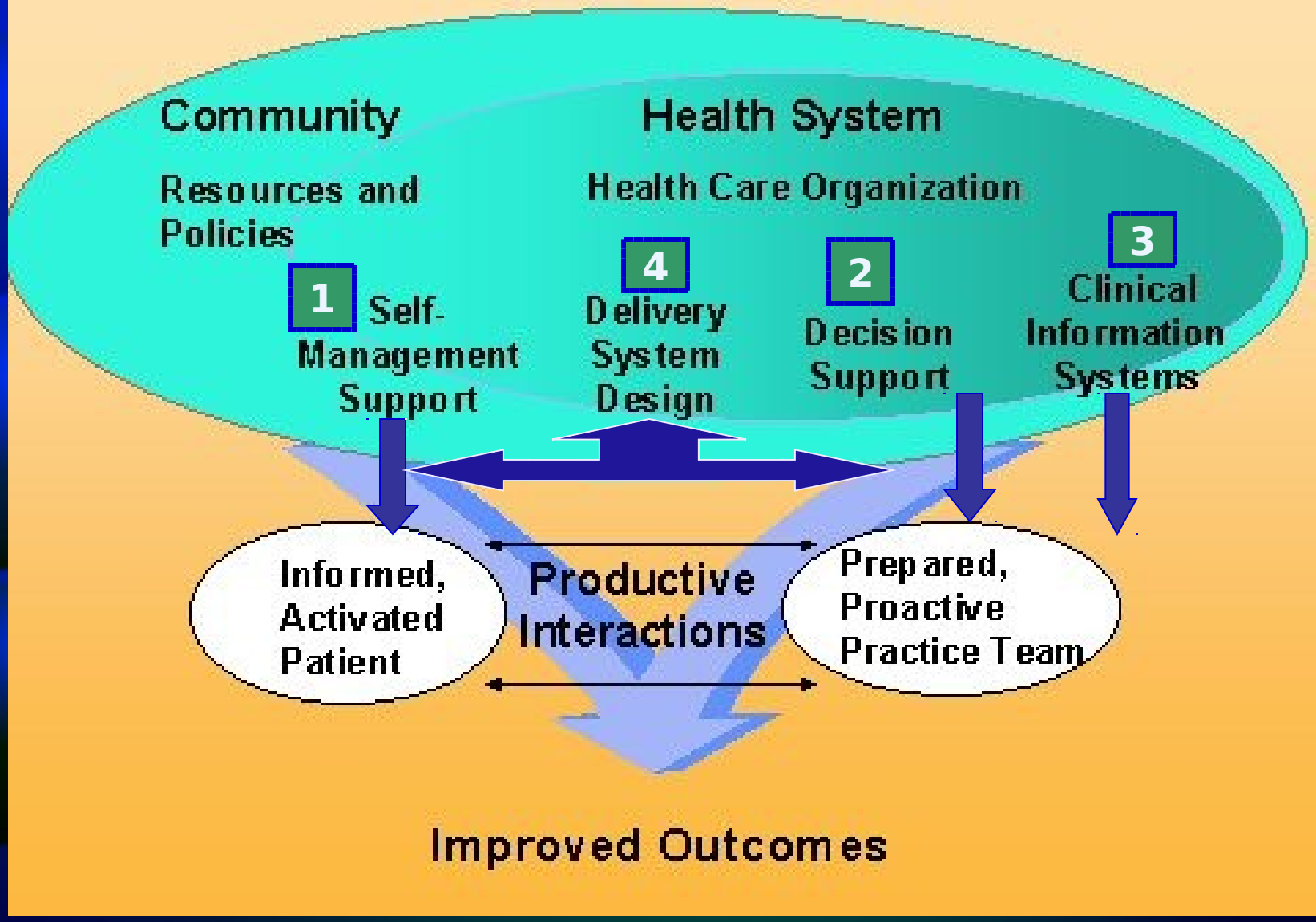


"If we keep doing what we
we're doing, we'll keep getting what we got."

Who said this?

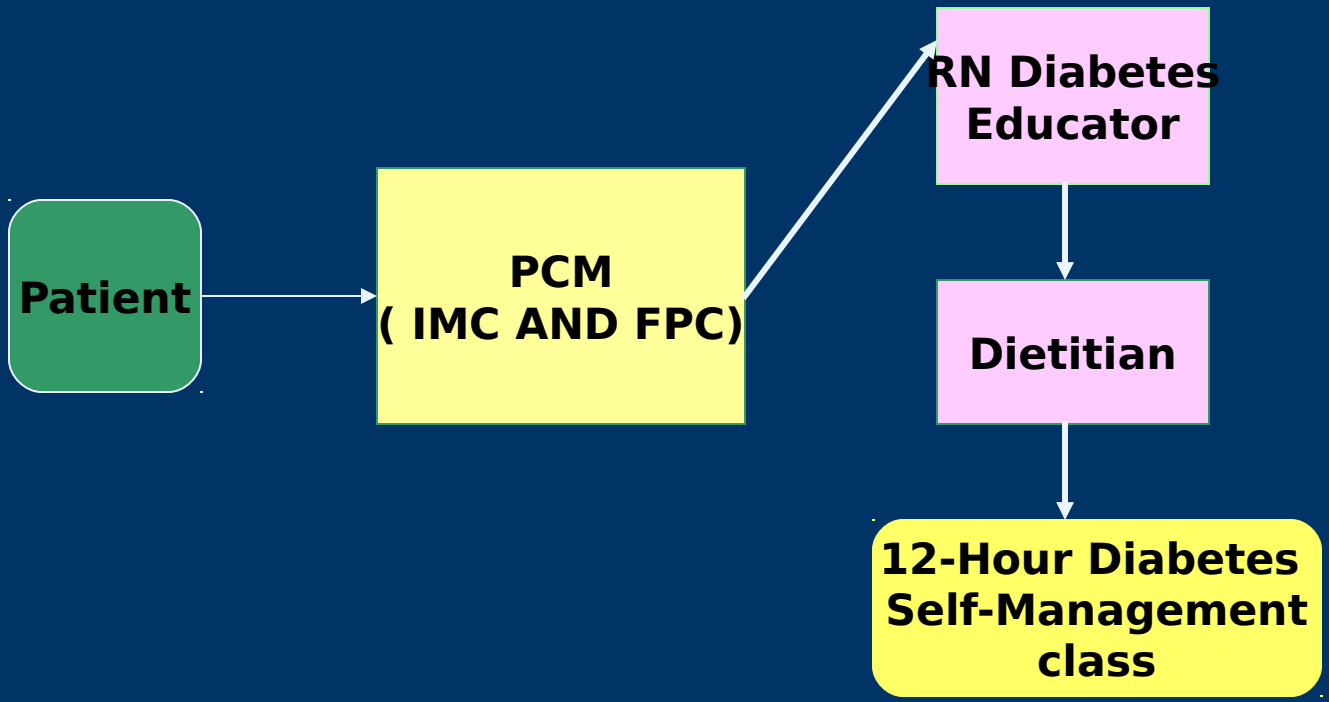
- Dr. Ed Wagner
- Dr. Phil
- Dr. Prochaska
- Dr. Diclemente
- Don't know?

Chronic Care Model



“The Way We Were”

(circa 1998)



"The way we are now"

and the (3) Disease Management Process through a Long-Term Partnership

PATIENT

PCM and Clinic Medical Management Team

HIGH-RISK GROUP
HgbAic of 7and >
Q 3 months
Planned visit using MM program

LOW-RISK GROUP
HgbA1c of <7.0
Q 3 months
Planned Visit
Using MM program

PATIENT EDUCATION DIVISION

RN Diabetes Educator
•Disease Management Coordinator

Dietitian

Fitness Trainer

12-HOUR DSMT | **DIABETES PREVENTION** | **HEARTSMART WORKSHOP** | **WHY WEIGH WORKSHOP** | **WELLNESS WORKSHOP** | **DM SUPPORT GROUP**

aka "NHB'S HEALTH AND WELLNESS INSTITUTE"

Tools We Use Best to help Motivate “most” Patients

Integrate these models in each counseling session:

- Health Belief Model
- Stages of Change: Processes of Change
- Motivational Interviewing Techniques
- Janis’s Counseling Techniques

*You can also use these as implementation strategies.

STAGED DIABETES MANAGEMENT (SDM)

MASTER PHARMACEUTICAL DECISION P OVERVIEW

ENTRY CRITERIA

THERAPIES

LOWER A1C BY:

Fasting: <200mg/dl
Casual: <250mg/dl
HBA1C: <7.5%

1. MEDICAL NUTRITION THERAPY/SELF-MANAGEMENT STAGE (3 months to target or)

~1%

2. ORAL AGENT STAGE (4-6 weeks to target or)

Fasting: 200-300mg
Casual: 250 - 350mg
HBA1C: >7.5%

SULFONYLUREA FOR INSULIN DEFICIENCY	METFORMIN/TZD FOR INSULIN RESISTANCE
Start---- Adjust-----Maintain	**Start---- Adjust-----Maintain**

~2%

2A. COMBINATION ORAL AGENT STAGE:

1. _____ + METFORMIN or Met + TZD
(4-6 weeks to target or go to Byetta + Met)

Start---- Adjust-----Maintain

~2-4+%

NOTE: Each stage requires a pre-set target and a timeline to reach that goal

3. INSULIN STAGE (4-6 weeks to target)

asting: 200-300mg/dl
asual: 250 - 350mg/dl
HBA1C: >11%

•BASIC REGIMEN: OHA'S + LANTUS INSULIN

~4+%

ADVANCED REGIMEN: BASAL/BOLUS INSULIN;
Use the Lantus/Novolog insulin protocol + Symlin

SOURCE: International Diabetes Center, April 2003

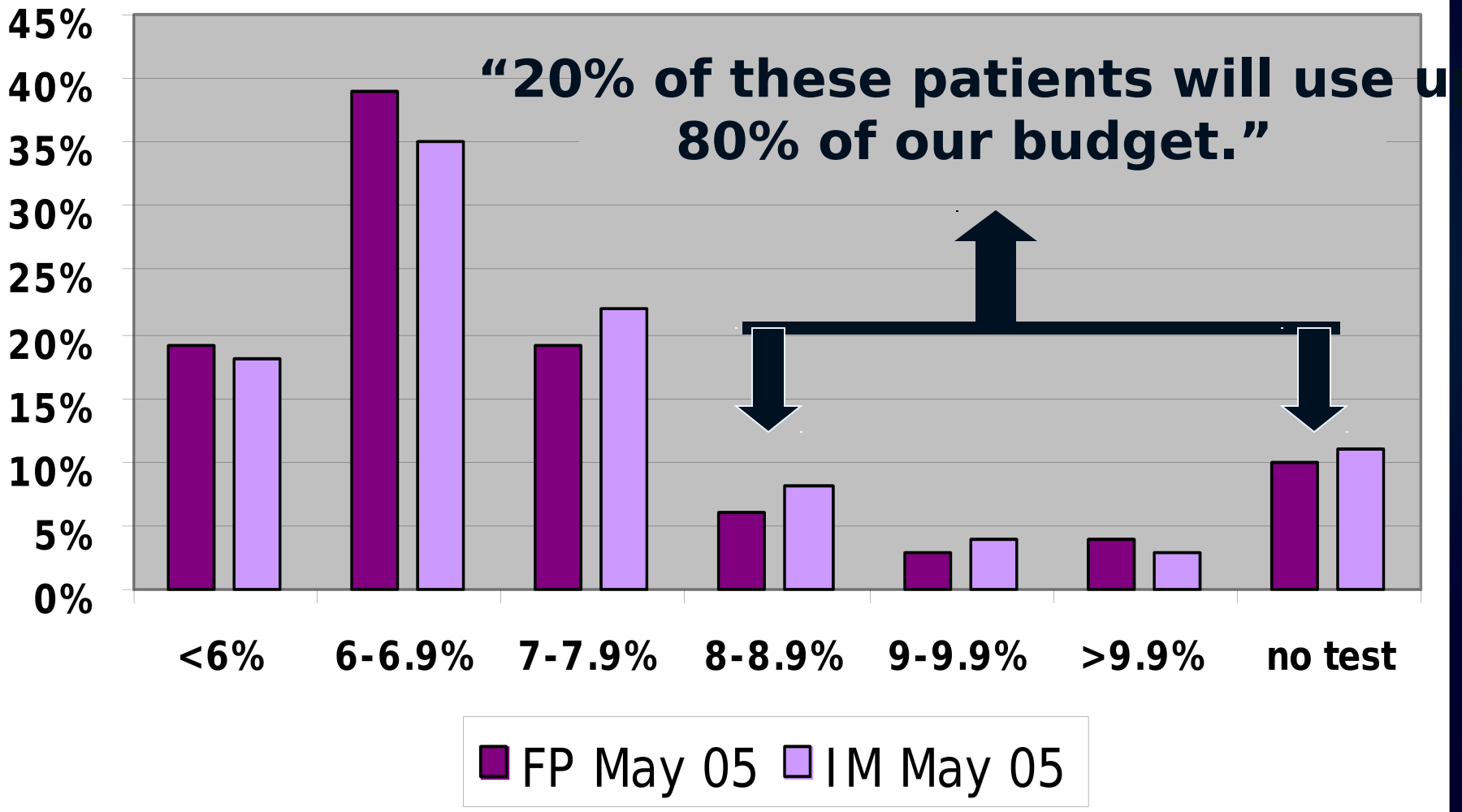
Why are we so hesitant to use insulin? (Dr. Irl Hirsch)

- Poor teaching (or no teaching) in medical schools and residency programs.
- Poor teaching in fellowship programs.
- No standardization as to its use.
- Intimidation by its use.
- Increase use of time and other resources.
- All of this leads to poor acceptance by both providers and patients.

Healthcare Innovations

- FP residency training includes DM MNT and insulin use with CDE and RD
- Adapted the Staged Diabetes Management model approach
- 4 Lantus titrate-to-target protocols
- Weight-based Lantus starting dose
- Basal-Prandial insulin titrate-to target protocol (use of 1800 rule)
- One-stop Women’s Health Clinic

NHB A1C DISTRIBUTION



Our DM Expansion program:

- Teamed up with the inpatient disease management group.
- Spearheaded the development and implementation of the Inpatient Hyperglycemia Management guideline.
- Connected the inpatient and outpatient DM management with a DKA protocol for E.D.

Lessons Learned

1. **Engage your patients and turn them into diabetes self-advocates. (to influence the PCMs).**
2. **Use DSME as the platform for patient partnership. "(turn each of them into a diabetic-evangelist to influence the population)"**
3. **I.T. support is nice but lack of it is NOT a showstopper.**
4. **Best rule of engagement is a Planned Follow-Up Visit System aka Medical Management program.**
5. **Use a "treat-to-target with a timeline" approach.**
6. **Use M.I. techniques to change behavior of our patients, leaders and colleagues.**
7. **Be innovative X $10^{3º}$**
8. **Be enthusiastic and enjoy what you are doing.**

Recommendations: (when possible)

- Organize a skilled regional Transformation Team that spends time at the site to assist in the implementation.
- Assign the local implementation job to civilian employees to ensure continuous traction.
- Assign the oversight to a committee and not a person.